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AUTHOR Konopasek, Dean E.
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ABSTRACT

The background, organization, and operation of the Alaska Psychiatric Institute (API), a residential program for behavior disordered and emotionally disturbed children and adolescents, are described. Components of the educational program at API, including academic and social assessment, individual education plans, and elementary and secondary curricula are described. A behavior modification and monitoring system which uses a token economy approach is analyzed. The elementary curriculum is said to consist of six academic subject areas, while the thrust of the secondary curriculum is explained to be geared to functional survival skills in the community. Public school involvement with API is discussed, and the importance of students' reintegration is stressed. (CL)

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Educational Programming at Alaska Psychiatric Institute

Dean E. Konopasek, Ph.D.
Providence Heights School
Alaska Psychiatric Institute
2900 Prondzinski Dr.
Anchorage, Alaska
99504

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Convention of the Council for Exceptional Children,
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Educational Programming in the Psychiatric Hospital

The National Advisory Committee for the Handicapped estimated in 1976 that 81% of the nation's emotionally disturbed children were unserved by public schools (Brown & Palmer, 1977). Since the enactment of the Education for All Handicapped Children Act (P.L. 94-142), public schools have been required to provide "a free appropriate public education for all emotionally disturbed children, including psychotic and autistic children and severely disturbed adolescents" (Brown & Palmer, 1977, p. 168). Public Law 94-142 also requires the education of handicapped children to occur in the least restrictive environment. Unfortunately, for some children the least restrictive alternative is also the most restrictive — 24-hour inpatient treatment in a psychiatric hospital. In Alaska, children and adolescents whose mental illness or behavior disorder is so incapacitating as to warrant hospitalization, Alaska Psychiatric Institute (API) in Anchorage is the only treatment alternative.

Alaska Psychiatric Institute

Alaska Psychiatric Institute was constructed in 1962 as a model psychiatric hospital which would serve the needs of state residents. Although small by national standards (173 bed capacity), API is currently the only facility in Alaska offering residential psychiatric care and is accredited for child, adolescent, and adult psychiatry through the Joint Commission for the Accreditation of Hospitals. The hospital is oriented toward intensive diagnoses and treatment of both the acutely and chronically ill, with patients returned to the community as soon as such action is clinically feasible.

The multidisciplinary treatment team plays a significant role in patient therapy. A team functions on each hospital ward, or unit and, with the

exception of the Children's Unit (CU) and the Adolescent Unit (AU), is composed of a staff psychiatrist, the unit psychologist, social worker, and head nurse. The treatment teams serving CU and AU have, in addition to the above-mentioned staff, a school representative, since these two units are made up of school-aged patients. The purpose of the teams is to discuss patient progress, initiate program change, make recommendations regarding the need and/or change in medication, conduct and discuss patient assessment, establish discharge plans and, for CU and AU, recommend the most appropriate educational placement for the patient.

Providence Heights School

Providence Heights School provides the educational program for all school-aged patients at API. The school consists of one elementary and two secondary classrooms, located on CU and AU, respectively. Two teachers and an aide staff the secondary classrooms while the remaining teacher and an aide conduct the elementary program.

The students exhibit a variety of behavioral and psychiatric handicaps, ranging from serious pre-psychotic behavioral problems to overt psychoses and other serious thought disorders. Fifty-nine percent of the students carry diagnoses of behavioral disorders. Neuroses constitute 14% of the population, with the remaining 27% suffering from psychotic/schizophrenic disorders. Mean length of hospitalization for CU and AU patients is 195 and 74 days, respectively. Most students have had a history of significant behavioral and/or academic problems prior to admission. Mean age for this population was approximately 15 years.

Assessment. The hospital emphasizes an intensive period of assessment, diagnosis, and treatment for all patients with reintegration into the community as soon as clinically feasible. This has implications for the

school program in that the accumulation of current academic and behavioral data can contribute to the overall diagnostic "picture" of a patient.

Academic assessment on AU and CU differ somewhat. Assessment for CU students includes the Wide Range Achievement Test (WRAT), Key-Math, Woodcock, and the Informal Reading Inventory. These tests provide an overall description of academic functioning in the areas of reading, spelling, and math. In addition, more specific probes are used to help pinpoint academic deficits in need of remediation. Assessment on AU consists of the WRAT as the primary indicator of academic functioning. In addition, probes in reading, spelling, and math are administered when indicated to identify specific skill deficits. Initial assessment in the content areas (science, history, etc.) is not conducted for secondary students. Instead, the student's curriculum from his/her previous school is adapted, when possible, to materials which most closely match the student's reading level.

A Likert scale designed by the staff of the Neuropsychiatric Institute at UCLA is used as an informal measure of both social relations and classroom behavior. This 8-item scale is completed by the student's teacher shortly after admission and again prior to discharge. Net gain in each behavioral area is charted.

Individual Education Plans. When a student is admitted to API the parents or guardians are requested to sign a consent form authorizing testing and the development of an Individual Education Plan (IEP) for their child. Parents are encouraged to participate in the development of their child's IEP.

Upon testing, parents are notified by letter and/or telephone as to the date and time of the IEP staffing. The IEP staffing is held as soon as possible after test results and behavioral baseline data have been analyzed.

During the staffing program recommendations are made based, in part, on test results and student strengths and weaknesses. Input is also solicited from the unit representative(s) relative to how the unit treatment program can be coordinated with the school program. Pertinent medical information is also considered. If parents are present, their input helps contribute to the development of the IEP. Following all necessary discussion relative to educational programming, the IEP is drafted and signed by all members present. Regardless of whether or not a parent or guardian is able to attend the IEP staffing meeting, they are furnished a copy of the IEP for their review and approval.

Elementary program. Educational programming on CU begins by developing of an Individual Implementation Plan (IIP) from the general goals and objectives described in the IEP. The IIP is essentially a task analysis of each academic objective into specific, successive steps. The IIP becomes the teacher's daily lesson plan for each child and provides an objective measure of student progress.

The CU curriculum consists of six academic subject areas. These areas along with their associated primary curricular programs include:

1. Reading - Houghton Mifflin
2. Math - Scott-Foresman
3. Phonics - Rand McNally (Discovering Phonics We Use)
4. Handwriting - Scott-Foresman (Writing Our Language)
5. Spelling - Scott-Foresman (Spelling... Words and Skills)
6. English - American Book Company (Our Language Today)

Instruction is, by necessity, individualized since the students typically represent a wide range of grade placement (K-7) and skills. When appropriate, however, students exhibiting similar skill levels receive instruction in small groups.

Classroom behavior is charted daily using a response-cost system (Walker, 1977). Students earn points for positive behaviors, such as completing work on time, working without complaining, following directions, etc. They may also lose points for certain negative behaviors, such as not completing work, arguing, not following directions, etc. Each positive and negative behavior has an associated point value, in proportion to the perceived importance of the behavior it represents. The system also allows for additional, child-specific behavioral pinpoints to be added.

Typically, each child has a new response-cost chart taped to a counter top each day. The teacher simply puts a dot in the appropriate box for whichever positive or negative behavior is exhibited. Some behaviors are charted only once or twice per day, such as being on time or returning homework. Other behaviors are charted as needed or randomly. At the end of each day, negative points are subtracted from positive points to obtain a net point value. These points may then be exchanged for various reinforcers in addition to helping the children earn certain unit privileges.

While this reinforcement system is effective with most CU students, it is not appropriate for some. A few require more immediate and/or tangible rewards, while still fewer are able to maintain acceptable classroom behavior without systematic reinforcement. Essentially, each student's entering behavior dictates the degree of external structure necessary to initiate and maintain appropriate behaviors.

Secondary program. The secondary program is departmentalized (to the extent possible) to allow for a more normalized school environment, with students moving between classes at the end of each academic period. The school day consists of three 60-minute academic periods each morning and one one-hour period after lunch.

The students are divided into three groups. Two groups receive English/Language Arts/Social Studies instruction in one classroom with a teacher and an aide while the third group receives Science/Math instruction in the other classroom. Classes change after each period so each group receives instruction in all academic areas every day. The afternoon period is reserved for student projects, activities, and a time for completing work left undone during the morning sessions.

The IEP's for secondary students differ from the elementary IEP's to the extent that remedial programs are correlated to credit-eligible high school courses. This has no effect upon the program implemented but does allow the student to earn credit while gaining competence in basic skills. For instance, a student deficient in math skills may be enrolled in a Math Skills Workshop, a credit-eligible course. In all cases, every effort is made to provide instruction in academic areas pursuant to each student's needs and interests. Obviously, not all subjects can be taught within the confines of a hospital school. Courses such as wood or metal shop, advanced lab sciences, etc., are beyond the capacity of the school facilities and staff. Courses of this type must, by necessity, be either dropped until the student returns to the public school system or modified to the extent that they are amenable to API's facilities/staff.

The academic thrust of the secondary school program is to provide the students with sufficient survival skills so they can function in the community. These skills include basic math (including consumer math), reading, writing, and spelling. Students demonstrating competence in these basic skill areas are enrolled in an academic program commensurate with their abilities, needs and interests.

Students earn academic credit based on the length of time they are enrolled in each subject area. For each 30-hour block successfully completed,

each student earns one-quarter credit toward graduation. These credits are then transferred to the student's new school upon discharge.

It is appropriate to point out that many hospitalized students do not possess sufficient social skills or behavioral control to operate successfully in a regular classroom. Indeed, this lack of self-control may be one reason for psychiatric referral. It is therefore critical to monitor these behaviors and take the necessary steps to modify them if the student is expected to integrate into the public school system.

The degree of external structure required to develop and/or maintain appropriate classroom behavior depends upon the individual case. Some students are able to function successfully without systematic reinforcement. More intensive behavior modification procedures are required for others. For these students a token economy has been a useful tool in changing maladaptive behaviors.

A large index card is used to provide a record of two operationally-defined classes of behavior: (a) general behaviors, and (b) specific behaviors. The general behaviors, such as being on time, getting materials, etc., represent classroom behaviors typically expected of students. In other words, in order for students to "get along" in the public school, most teachers require, as a matter of course, these behaviors to be present. The specific behaviors represent behavioral idiosyncracies of individual students that must be modified in order for them to function successfully in the school environment. These behaviors may include masturbating in class, violent acting out, etc. These, then, are behaviors uncommon in most students but certainly would not be tolerated in a public school classroom.

The student receives a new behavioral point card each morning, and is responsible for filling in his or her name, date, bonus point criteria, and specific behavioral pinpoints. (Initially, the teacher(s), with treatment

team input, decide upon bonus point criteria and specific behavioral pinpoint for the student). It is also the student's responsibility to get the card punched. At intervals, either randomly, each period, or at the end of the day (depending upon the behavior) the teacher punches out one or more circles, corresponding to the positive behavior being exhibited. Total punches, or points, are then calculated. These points may then be traded for classroom rewards and also help the student earn added unit privileges.

Public school involvement. While the student is hospitalized, an attempt is made to maintain contact with the student's previous teacher(s) and/or counselor. For secondary students the contact person is usually the counselor, due to the logistical problems in meeting with five or six teachers. Contact with counselors/teachers in rural or remote areas is difficult to maintain due to problems of time and distance. Frequently, especially for local students, the counselor acts as a liaison between the teachers and API. The counselor is often asked to request homework from the child's home school teachers with the result that some students are able to keep up with their public school classmates.

When clinically feasible, students are reintegrated into the public school system, returning to the hospital after each school day. This is a first step back into the community and is important for two reasons: (a) it provides a less restrictive educational setting for the child, and (b) information relative to how the student adapts socially in the public school is important for the treatment team in making decisions about treatment modifications and/or length of hospitalization.

Summary

Current legislation has mandated that all children be provided an appropriate education regardless of their handicap. Providence Heights School functions as an important therapeutic component for mentally ill and behavior disordered children and adolescents hospitalized at API. The school works to blend with the psychiatric treatment by providing a learning environment conducive to observing, monitoring, and altering inappropriate behaviors. The academic and behavioral assessment process compliments the medical, psychiatric, and psychological evaluation by providing a more complete picture of the patient. Each student's progress is consistently monitored and shared with the treatment team. This sharing of information is helpful in the therapeutic process and aides in the goal of returning the child to the community and public school.

References

Brown, G. B., & Palmer, D. J. A review of BEH funded personnel preparation programs in emotional disturbance. Exceptional Children, 1977, 44(3), 168-174.

Walker, H. Personal communication, September 22, 1977.